

# 9 FAM 42.61 Exhibit I

(Page 1 of 1)

## 42.61 EXHIBIT I FORM OF-236 – REQUEST FOR TRANSFER OF VISA FILE

Optional Form 236 (Formerly FS-546) (3-75)		DEPT. OF STATE	ORIGINAL REGISTRATION DATE
<b>REQUEST FOR TRANSFER OF VISA FILE</b>			
FULL NAMES (Please print)			DATE OF BIRTH (Mo., Day, Yr.)
PLACE OF BIRTH (City, or Town, Province, Country)			
VISA RECORD TO BE TRANSFERRED			
FROM		TO	
<p>I hereby request at my own risk the transfer of my visa record and agree to assume full responsibility for any loss or other damage that may result from the transfer of any original or irreplaceable documents in my file.</p> <p>SIGNATURE: _____</p> <p>PRESENT ADDRESS: _____</p> <p>_____</p>			
50236-101			

